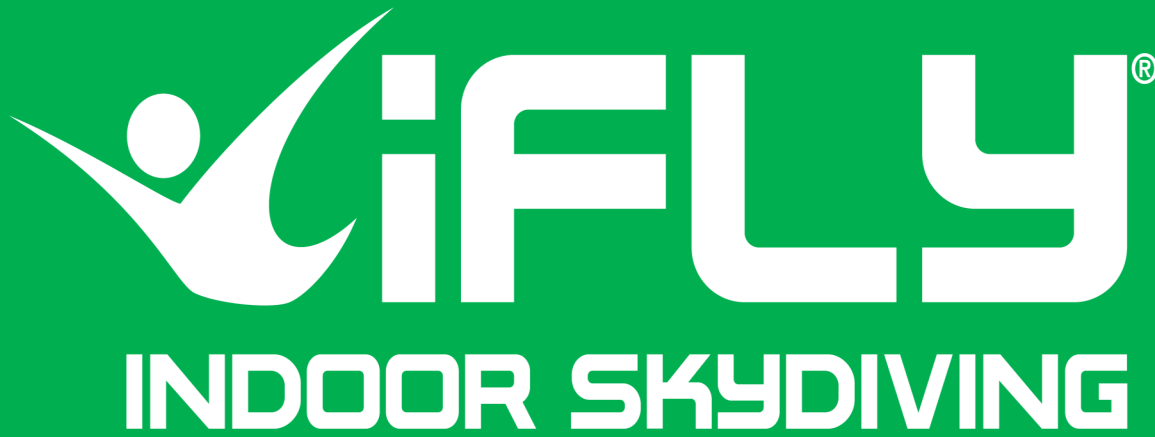


Gaithersburg Youth Center/Student Union Trip (Grades 6-12)



\$45
Members Only

Mon, Nov 12
1pm-5pm

IFLY INDOOR SKYDIVING
9400 GAITHER RD.
ROCKVILLE, MD 20850

GYC AT OLDE TOWNE
301 TEACHERS WAY
GAITHERSBURG, MD 20877

GYC AT ROBERTSON PARK
801 RABBITT RD.
GAITHERSBURG, MD 20878

Registration Information:

Return Permission Slip &
Payment to **City of
Gaithersburg:**

Activity Center/GYC Trip
506 S. Frederick Ave.
Gaithersburg, MD 20877

Or fax form to
301-948-8364

Checks made payable to the
City of Gaithersburg.
Visa, Discover, Master-
Card, & AMEX accepted.

THE TRIP WILL DEPART FROM THE GAITHERSBURG YOUTH CENTER BY 1:00PM.

PARTICIPANTS WILL RETURN TO THE GAITHERSBURG YOUTH CENTER BY 5:00PM

Trip participants will be returned to the GYC and are welcome to stay until it closes at 6:00pm.

PLEASE COMPLETE THE ONLINE WAIVER:

www.iflyworld.com/flight-waiver/



Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350

Gaithersburg Parks, Recreation & Culture - Move...Play...Grow

iFly #7112

Parent's Last Name _____ Parent's First Name _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____ Email _____

Participant's Name	Birthdate M/D/Y	Activity Name	Activity #	Date	Grade	School	Fee
		iFly	7112	11/12/18			\$45

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? Y ☐ N ☐

Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ Cash ☐ Check # _____
Visa/MC/DISC/AMEX# _____ Exp. Date ____/____
Signature (name on card) _____
Print Name _____

Office Use Only: 7112

Rec'd: _____ Initials _____
W P M F Resident: Y N
Pr: _____ Date: _____